



Incident Report

Print Date/Time: 07/13/2016 15:00

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00012695

Incident Date/Time: 7/1/2016 3:53:51 PM
Location: LUNDEEN PKWY / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 239-0808
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0142-Bassett
19R1	SS0131-Wells
19S15	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	POLLACK, ELIZABETH		(425) 280-1993			
2	Reporting Party	COOK, JOHN					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						501ZBW	
Involved Vehicle						ABX3477	
Involved Vehicle						ASB1978	
Involved Vehicle						AXF5603	
Involved Vehicle						AXL0300	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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07/01/2016 : 16:12:11 SP0416 Narrative: CABN

07/01/2016 : 16:11:49 SP0416 Narrative: ***REQ AID RETURN FOR NECK PAIN

07/01/2016 : 16:00:56 SP0348 Narrative: NON INJ

07/01/2016 : 16:00:03 SP0416 Narrative: CLEARING RD WAY

07/01/2016 : 15:59:15 SP0348 Narrative: LUNDEEN CMD, MULT VEHS BLKING CENTER LANE

07/01/2016 : 15:58:20 SP0416 Narrative: PARTIAL AIR BAG DEP. NO COMPLAINTS OF INJ

07/01/2016 : 15:57:21 SP0416 Narrative: BLKING LANE 1, MULTIPLE PPL ON RD

07/01/2016 : 15:56:52 SP0416 Narrative: NB NO LUNDEEN /9 NE

07/01/2016 : 15:56:11 SP0279 Narrative: LR279

07/01/2016 : 15:55:37 SP0348 Narrative: B81

07/01/2016 : 15:55:06 SP0274 Narrative: Narrative added from associated Call #: 151 - CC, NON INJ, BLKG, RP IN KIA SPORTAGE VS CHEV TRAILBLAZER VS TOYT SUV. LR274

07/01/2016 : 15:54:50 SP0279 Narrative: REAR END TYPE ACCIDENT, RP INVOLVED

07/01/2016 : 15:54:35 SP0279 Narrative: 5 VEHS INVOLVED, SB LANES, BLOCKING

COLLISION REPORT 16-00012695, 070116

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E559768**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL
RESERVATIONCASE # **16-12695**LOCAL AGENCY
CODING **0664**TOTAL # OF
UNITS **05**OBJECT
STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	07	01	2016	1553	31						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

HWY 9

BLOCK NO.

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

		MILES	<input type="checkbox"/>	N	E	<input type="checkbox"/>	LUNDEEN PKWY
		FEET	<input type="checkbox"/>	S	W	<input type="checkbox"/>	

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4252631112

LAST NAME

MONTGOMERY

FIRST NAME

TANNER

MIDDLE
INITIAL

L

STREET
NEW ADDRESS

7610 64TH PL NE

CITY

MARYSVILLE

ST

WA

ZIP

982706588

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

MONTGTL070P3

STATE

WA

SEX

M

D.O.B.
MMDDYYYY

10

23

1993

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USEINJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AXL0300

STATE

WA

VIN#

JTEBT14R930021119

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2003

MAKE

TOYT

MODEL

4RUNNE

STYLE

UT

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. LORI SMITH 7610 64TH PL NE MARYSVILLE WA 98270

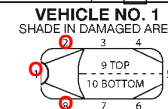
LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #

HARTFORD 55PHL454878-030430

VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4252801993

LAST NAME

POLLACK

FIRST NAME

ELIZABETH

MIDDLE
INITIAL

M

STREET
NEW ADDRESS

7717 62ND ST NE

CITY

MARYSVILLE

ST

WA

ZIP

982708892

CDL

RESTRICTIONS

ENDORSEMENTS

L

DRIVER'S
LICENSE #

POLLAEM328RA

STATE

WA

SEX

F

D.O.B.
MMDDYYYY

12

01

1968

ON DUTY ☐

STATUS

AIRBAG

3

RESTR.

4

EJECT

1

HELMET
USEINJURY
CLASS

7

NATURE OF INJURIES
NECK AND BACKLICENSE
PLATE #

501ZBW

STATE

WA

VIN#

KNDJE723997573649

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2009

MAKE

KIA

MODEL

SPORTAG

STYLE

UT

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. ELIZABETH POLLACK 7717 62ND ST NE MARYSVILLE WA 982708892 D: 4252801993

LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #

ALLSTATE 064326185

VEHICLE
LEGALLY
STANDINGYES ☒ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

C. WELLS

BADGE OR ID #

0131

AGENCY

WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E559768**CASE # **16-12695**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		COOK CAROLYN M																		
ADDRESS & PHONE # 1316 91ST AVE SE UNIT 24 LAKE STEVENS WA 982586602														SEX F	D.O.B. MMDDYYYY 02	-	07	-	1954	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	5	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES NECK AND BACK		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

Unit #1 MONTGOMERY was northbound on Hwy 9 passing through the Lundeen Pkwy intersection when he struck Unit #2 which struck Unit #3 which struck Unit #4 which struck Unit #5. Unit #2, #3, #4 and #5 were stopped for traffic congestion.

Unit #1 MONTGOMERY told me he was looking down to adjust the temperature of his Vape when he hit Unit #2 who was stopped.

Driver of Unit #2, Unit #4 and both the driver and passenger of Unit #5 complained of neck and back injury and soreness. All were seen by Aid on scene. All stated they will follow up with their own doctors.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-02-16 04:55 PM

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

7/3/2016 6:45:00 AM

BADGE OR ID #

0131

ORI #

WA0311900

TIME POLICE DISPATCHED

3:53 PM

TIME POLICE ARRIVED

3:56 PM**PART B** 3000-345-160 R (7/06)

PAGE

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OF

5


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E559768
CASE # 16-12695
COMMERCIAL MOTOR CARRIER
INTERSTATE ☐INTRASTATE ☐
UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS
UNIT #

3

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

LAST NAME

RIVAS

FIRST NAME

MELVIN

MIDDLE INITIAL

A

STREET NEW ADDRESS

2116 N 148TH ST

CITY

SHORELINE

ST

WA

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

RIVASMA151J5

STATE

WA

SEX

M

D.O.B. MMDDYYYY

04

-

25

-

1985

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

ABX3477

STATE

WA

VIN#

1GNDT13S432409355

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2003

MAKE

CHEV

MODEL

TRLBLAZ

STYLE

UT

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. MELVIN RIVAS 2116 N 148TH ST SHORELINE WA 98133

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


UNIT #

4

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4259710598

LAST NAME

SHADLEY

FIRST NAME

DANIELLE

MIDDLE INITIAL

C

STREET NEW ADDRESS

8209 83RD AVE NE

CITY

MARYSVILLE

ST

WA

ZIP

982707822

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S LICENSE #

SHADLDC308MW

STATE

WA

SEX

F

D.O.B. MMDDYYYY

07

-

16

-

1970

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

7

NATURE OF INJURIES

NECK AND BACK

LICENSE PLATE #

AXF5603

STATE

WA

VIN#

1VWBP7A39DC122976

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2013

MAKE

VOLK

MODEL

PASSAT

STYLE

4D

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. DANIELLE SHADLEY 8209 83RD AVE NE MARYSVILLE WA 982707822 D: 4259710598

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY #

GEICO 4319008621

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

07-02-16 04:55 PM

DATED:

PLACE SIGNED

BADGE OR ID #

0131

ORI #

WA0311900

APPROVED BY

AUKERMAN

DATE

7/3/2016

PAGE

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OF

5

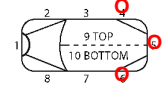

**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

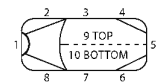
REPORT NO. E559768
CASE # 16-12695
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME ☐
CARRIER ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
NAME SOURCE ☐ **# AXLES** ☐ **GVWR** ☐ **PLACARD** ☐ **+** ☐ **NAME IF NO NUMBER** ☐
ADDITIONAL UNITS
UNIT # **5** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☒ **NO** ☐ **PHONE** **D: 4252390808**
LAST NAME **COOK** **FIRST NAME** **JOHN** **MIDDLE INITIAL** **A**
STREET NEW ADDRESS ☐ **1316 91ST AVE SE UNIT 24**
CITY **LAKE STEVENS** **ST** **WA** **ZIP** **982586602**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **COOK*JA497BR** **STATE** **WA** **SEX** **M** **D.O.B.** **MMDDYYYY** **01** - **19** - **1951**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** ☐ **INJURY CLASS** **7** **NATURE OF INJURIES** **NECK AND BACK**
LICENSE PLATE # **ASB1978** **STATE** **WA** **VIN#** **2FMHK6D81EBD05699**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **2014** **MAKE** **FORD** **MODEL** **FLEX** **STYLE** **UT** **VEHICLE TOWED** **YES** ☐ **NO** ☒ **TOWED BY** ☐ **GOVT. VEHICLE** **YES** ☐ **NO** ☒
REGISTERED OWNER INFO. **JOHN COOK 1316 91ST AVE SE UNIT 24 LAKE STEVENS WA 982586602 D: 4252390808**
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **FIRST NATIONAL H217346**
VEHICLE LEGALLY STANDING **YES** ☒ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA


UNIT # ☐ **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE** ☐
LAST NAME ☐ **FIRST NAME** ☐ **MIDDLE INITIAL** ☐
STREET NEW ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # ☐ **STATE** ☐ **SEX** ☐ **D.O.B.** **MMDDYYYY** ☐ - ☐ - ☐
ON DUTY ☐ **STATUS** ☐ **AIRBAG** ☐ **RESTR.** ☐ **EJECT** ☐ **HELMET USE** ☐ **INJURY CLASS** ☐ **NATURE OF INJURIES** ☐
LICENSE PLATE # ☐ **STATE** ☐ **VIN#** ☐
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR ☐ **MAKE** ☐ **MODEL** ☐ **STYLE** ☐ **VEHICLE TOWED** **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** **YES** ☐ **NO** ☐
REGISTERED OWNER INFO.
LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** ☐
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

07-02-16 04:55 PM

DATED:

PLACE SIGNED

BADGE OR ID # **0131** **ORI #** **WA0311900** **APPROVED BY** **AUKERMAN** **DATE** **7/3/2016** **PAGE** **4** **OF** **5**

REPORT NO. E559768

CASE # 16-12695

DATE AND TIME
OF COLLISION 07/01/16 15:53

